



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY☐ ADDITIONAL PAGES

TROOP / UNIT: E		OTHER INVOLVED AGENCY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, MOHEGAN TRIBAL PD	
DATE: 6-7-05	TIME: 1855	INVESTIGATING TROOPER / OFFICER: TPR HARBECK 840	DPS CASE NUMBER: DPS05-027820
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): MOHEGAN SUN CASINO PARKING LOT			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION THE ACCUSED WAS ARRESTED AFTER HER MINOR CHILDREN AGES 2 AND 4 WERE LOCATED IN THE FAMILY VAN, ALONE, PARKED IN THE PARKING LOT OF MOHEGAN SUN CASINO. THE ACCUSED WAS ATTENDING A JOB FAIR AT THE TIME. SHE WAS PROCESSED AT TROOP E AND RELEASED ON \$5,000 DOLLAR NON-SURETY BOND. DCF WAS NOTIFIED.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: STATE OF CT	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE: 26 INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME / BUSINESS / AGENCY:	<input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY:	<input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: HENRY, LIZJAFET	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	DOB: 8-26-78	ADDRESS: 158 STANDISH ST #1 HARTFORD, CT
CHARGES: 1. ABANDONMENT OF CHILD 2. (2 COUNTS) 53-28a 3. 4.	COURT: GA: 21 TOWN: NORWICH DATE: 6-23-05	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input checked="" type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL:
NAME:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
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SUPERVISOR'S APPROVAL REQUIRED: INITIALS: _____ ID #: _____ DATE: _____ THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS</u> . FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			

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